



Tennessee Student Assistance Corporation
404 James Robertson Parkway, Suite 1510
Nashville TN 37243-0820
866-291-2675
615-741-3000

You must complete the application on the following pages to receive approval to participate in the Tennessee Student Assistance Award (TSAA) and Federal Family Education Loan Programs (FFELP) with a TSAC guarantee. Your institution can choose to participate in any or all of these programs administered by TSAC.

The application is a PDF document. Please complete the application in its entirety. E-mail, FAX or ground mail the application and the required documents, indicated on page three of the application, to the attention of Karen Myers at the above address.

If you have any questions or problems printing the application, please contact one of the following staff members by calling 1-866-291-2675 and using the appropriate extension number or the individual's direct line:

Stephanie Aylor, Director of Loan Programs	Ext. 139	615-253-7475
Naomi Derryberry, Director of Grant Programs	Ext. 125	615-253-7478
Darolyn Porter, Director of Compliance	Ext. 116	615-253-7472
Karen Myers, Compliance Specialist	Ext 134	615-253-7444



TENNESSEE STUDENT ASSISTANCE AWARD (TSAA)
FEDERAL FAMILY EDUCATION LOAN PROGRAMS (FFELP)
GUARANTEED by TSAC

INSTITUTIONAL APPLICATION

Name of Institution: _____

Institution OPE ID # _____ **Date** _____

Please check the box for the TSAC program(s) your institution wishes to participate in:

_____ **TSAA**

_____ **FFELP with a TSAC guarantee**

Section A

Please check your postsecondary institution type:

_____ **Public**

_____ **Private**

_____ **Career**

Section B

(Institution of higher education as defined by rules of TSAC, Chapter 1640-1-1(4))

Your institution must be able to answer yes to all questions in this section to be TSAA eligible.

Your institution must be able to answer yes to questions 2, 3, and 4 in this section to participate in the FFELP with a TSAC guarantee.

1. Is the institution located in the state of Tennessee? Yes [] No []
2. A. Is the institution authorized to operate by the Tennessee Higher Education Commission pursuant to the Postsecondary Education Authorization Act of 1974? Yes [] No []
B. Is the institution licensed by the Cosmetology Board of the State of Tennessee? Yes [] No []

Name of Institution: _____ **OPEID#** _____

Section B continued

3. Does your institution admit as regular students only persons who have a high school diploma, the recognized equivalent of a high school diploma, or are beyond the age of compulsory school attendance in Tennessee and who have the ability to benefit from the training offered? Yes [] No []
4. Does your institution provide an education program for which it awards at least one of the following?

Check the type of program provided

_____ An associate or baccalaureate degree

_____ Provides at least a two-year program which is acceptable for full credit toward a baccalaureate degree

_____ Provides at least a one-year training program which leads to a certificate or degree and prepares students for gainful employment in a recognized occupation

Yes [] No []

Section C

Accreditation

The institution must be accredited by at least one of the following agencies to be an eligible TSAA and/or FFELP institution

(Check the applicable agency or agencies)

_____ Southern Association of Colleges and Schools

_____ Accrediting Council for Independent Colleges and Schools

_____ Council on Occupational Education

_____ Accrediting Commission of Career Schools and Colleges of Technology

Section D

Copies of the following items must be submitted along with this signed application.

Title IV eligibility–Program Participation Agreement (PPA)

Most Current School Catalog

Copy of Accreditation

Copy of Tennessee Higher Education Commission (THEC) License or

Copy of Cosmetology Licensure

Most recent A-133 or independent audit

On the following line please print the name and title of the individual who will be certifying the TSAA Rosters:

Please provide the signature of that individual: _____

On the following line please print the name and title of the individual who will be certifying the FFELP applications:

Please provide the signature of that individual: _____

On the following line please provide the name and title of the individual who will be posting the TSAA and FFELP funds to the students' accounts and issuing student refund checks:

Please provide the signature of that individual: _____

**** If you have more than one person certifying, please complete additional signature page.***

The completed application and documents once submitted to TSAC will be reviewed. Your institution will receive written notification if additional documentation is needed. Notice of eligibility will also be mailed to your institution.

Signature of Individual Completing Application _____

Print Name _____ Title _____